

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -

12007

2. Fiscal Year Covered From:

1 / 1 / 2005 Through: 12 / 31 / 2005

3. Name and address of person filing.

Name Noris P Boucanfiso

P.O. Box, Bldg., Room No., if any

Street c/o Screen Actors Guild

City 360 Madison Ave

State NYC NY ZIP Code + 4 10017

4. Name, file number, and address of labor organization.

Name Screen Actors Guild

Labor Organization File Number 054596

P.O. Box, Building and Room Number, if any

Street 360 Madison Ave

City NYC

State NY ZIP Code + 4 10017

5. Position in labor organization.

Paralegal

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)

Signed

Noris P Boucanfiso

On

3/23/06

Date

212 827 1488

Telephone Number

Name of Person Filing Noris P. Boccanfuso	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any):</p> <p>Name Geffner & Bush</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 1100</p> <p>Street 3500 West Olive Ave</p> <p>City Burbank</p> <p>State CA ZIP Code + 4 91505</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name SAG Producers Pension & Health Plans</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 7830</p> <p>Street 3601 West Olive Ave</p> <p>City Burbank</p> <p>State CA ZIP Code + 4 91510-7830</p>	<p>11.a. Nature of such dealing.</p> <p>Plt paralegal for attorney who provided legal services for both Screen Actors Guild & Pension & Health Plans</p> <p>11.b. Approximate dollar value of such dealing. unknown</p> <p>12.a. Nature of interest held or income received.</p> <p>Compensation for paralegal services from 1/2005 - 3/31/2005</p> <p>12.b. Amount: \$1,470</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment</p>